

Plan Name Quinn Emanuel Associates 401(k) Plan
Plan # 201872

Beneficiary Designation Form

Please read the following important information carefully before completing this form.

- ◆ If you die, your legal spouse will receive your plan benefit unless you name another primary beneficiary and your spouse completes Section 4.
- ◆ If you are not married, complete the certification in Section 5.
- ◆ If you complete a Beneficiary Designation Form while you are single and later marry, your original designations will no longer apply and your spouse will be entitled to your plan benefit unless you complete a new Beneficiary Designation Form.
- ◆ Your contingent beneficiary(ies) will be entitled to your benefit only if all of your primary beneficiaries are no longer living when you die.
- ◆ In the event of your death, if you failed to designate a beneficiary, the Plan Sponsor will identify your beneficiary in accordance with the terms of the Plan.
- ◆ If your designation(s) cannot be completed on the form, you can attach an additional explanation.
- ◆ Return this form to your **Human Resources Department**.

1. Participant Identification

Please Print

Name: _____
Last First Middle Initial

Home Address: _____

City State Zip

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Social Security Number

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Date of Birth MM-DD-YYYY

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Home Phone Number

2. Primary Beneficiary Designation(s)

(You may list additional primary and/or contingent beneficiaries on a separate attachment.)

This designation revokes any previous designation I may have made. Upon my death, I designate that the following beneficiary(ies) receive my vested account balance in the above named plan. My balance will be paid according to Plan rules. If I am married at the time of my death, my spouse will be considered my 100% beneficiary (regardless of any other designation I make) unless my spouse completes Section 4 and consents to another beneficiary designated by me. If more than one beneficiary is listed, the % of benefit must be completed, and must total 100%.

Name _____
Last First Middle Initial

Home Address _____

	Street		City		State		Zip

Social Security Number

Date of Birth MM-DD-YYYY

% of Benefit

Relationship _____

Name _____
Last First Middle Initial

Home Address _____

	Street		City		State		Zip

Social Security Number

Date of Birth MM-DD-YYYY

% of Benefit

Relationship _____

Name _____
Last First Middle Initial

Home Address _____

	Street		City		State		Zip

Social Security Number

Date of Birth MM-DD-YYYY

% of Benefit

Relationship _____

Continued

6. Participant's Signature

I have read and understand the instructions to this form and have authorized the above designations. I understand that if my legal spouse changes, I must complete another Beneficiary Designation Form.

Participant's Signature _____ Date _____

Please make a copy of this form for yourself, then return the original to your Human Resources Department.

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